



Establishing a Statewide Diabetes Care Improvement Project to Improve Outcomes for People With Diabetes

Public Health Problem

In Michigan, an estimated 591,000 adults — or 7.6% of the state's adult population — had diagnosed diabetes in 2001. Diabetes was the sixth leading cause of death for Michigan residents in 2002, and diabetes-related medical care costs exceeded \$3.4 billion, with 60% of these costs attributed to hospitalization. Another 580,400 Michigan adults aged 40–74 years have prediabetes. These people are at high risk for developing diabetes, but recent research shows that for them, the onset of disease can be prevented or significantly delayed through modest changes in diet, weight, and exercise levels.

Program Example

The Michigan Diabetes Outreach Network includes six regional Diabetes Outreach Networks. The networks have a Diabetes Care Improvement Project and work with more than 150 agencies in the state, including physician offices, community health centers, home care agencies, and state-certified Diabetes Self-Management Education Programs. The networks work with the agencies to ensure that people with diabetes receive care according to current American Diabetes Association clinical practice recommendations. Data are collected at initial visits and follow-up visits to determine whether care has improved.

Implications and Impact

Results from the Michigan Diabetes Outreach Network show that working with health care agencies and providers through a statewide Diabetes Care Improvement Project can improve outcomes for people with diabetes. Trends in follow-up data from 1996–2002 show a significant improvement in the number of people with diabetes who have foot examinations and tests for glycosylated hemoglobin and microalbuminuria at least once a year. The percentage of people with diabetes who had glycosylated hemoglobin tests increased from 14% in 1996 to 80% in 2002; the percentage of those who had foot examinations increased from 58% in 1996 to 77% in 2002; and the percentage of those who had microalbuminuria tests increased from 22% in 2000 to 28% in 2002. Between 1999 and 2002, network patients had declines in their absolute glycosylated hemoglobin values of 1.15% (13% relative reduction). Network patients also have significantly improved their physical activity and nutrition planning.